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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-32)//
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MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE
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HEADLINE: Surgeon General Shares His Vision for Navy Medicine
NNMC Bethesda, MD (NSMN) -- VADM Harold M. Koenig, MC,
assumed command of the Bureau of Medicine and Surgery and became
the 32nd Navy Surgeon General on 29 June. In an interview with
Teal Ferguson of the National Naval Medical Center Bethesda's
newspaper, The Journal, he described his approach to Navy
medicine and offered his thoughts about the future of the
department.

Journal: Considering the present downsizing environment, in
what direction do you see Navy medicine going?

VADM Koenig: I think we're going to be part of the
downsizing environment. I think we're going to be more part of
the downsizing environment than we've been to this point of time.
If you're into maintaining a status quo, it doesn't sound very
good. If you're somebody who's part of the big Navy and focused
on war-fighting efforts and those kind of things, it sounds like
a little help from Navy medicine would be helpful. So, I suspect
we're going to be more a part of it than we have been in the
past.

J: Where do you want to take Navy medicine?

K: Back to the deckplates. I want to go back to delivering
health care as close to where our Sailors and Marines are working

as we possibly can deliver. I don't want to move people through echelons of care unless absolutely necessary to get them well. Every time we do that, it drives up the cost enormously. One of the greatest gifts we can give back to the Navy and Marine Corps is its people. We need to get them out of our waiting rooms; we need to get them out of our hospital beds; we need to get them processed through our medical wards and back to work. There are far too many people sitting in those waiting rooms and lying in those beds. That's costing the nation a lot of money. We can't afford that.

J: What is your leadership philosophy?

K: My leadership philosophy is, I don't steer, I don't row. I don't even intend to give rudder orders. I basically feel that my job is to tell people where we need to go and what I think we need to get there. Their job is to figure how to get us there and what course to take, what provisions we need to take along and figure out what kind of system we're going to ride on ... boat or an airplane or whatever. Buy the tickets, make the reservations, do all of that and get us there. All I need to do is say, "I think we need to get over there by then." That's my role. I find that to be very challenging.

J: How will medical careers be affected in the present climate?

K: We're going to move to ambulatory care. People in military medicine and medicine in the nation have been hospital-focused for a long time. I was involved in a video teleconference where we were talking about one of our specialties in medicine. We made some decisions about how much training we are going to do in-house versus outside in the future. The specialty leaders in that group said 15 percent of our physicians are non-hospital-based and we thought that was a lot. I think in the future, at least 50 percent of our physicians are going to be non-hospital-based. They'll be operating in clinics and working with the operating forces directly. They'll not be in hospital settings because we're moving care to the deckplates. We don't have hospitals at the deckplates.

J: What is the future of TRICARE?

K: I'd like to hope that it's robust. I think that it's the future of health care for our non-active duty population as well as our active duty population. If we don't have TRICARE, then I think that our non-active duty beneficiary population and perhaps a large portion of our active duty population will be getting care outside the military system. I think it offers us a tremendous opportunity to provide choice for our people and high quality care at the lowest possible cost. And I think if we don't get it our people are basically going to be out in the marketplace.

J: We understand you are greatly interested in technology. Could you elaborate on the technological advances you think we need to make in medicine.

K: I think there are technological advances that we need to make in how we communicate with each other. I think people have heard me say, "Move information, not people."

In the past, when I first came on duty, and I think

throughout most of my career, we've moved people and then we've worried about the information catching up later. After a while we matured a little bit and found a way to move the information along with people. We could send big envelopes or folders or baskets or boxes with information on patients as we moved them through the system. But it isn't really information we need, it's data. Data is processed information. Finally, we got to the point when we figured out that sometimes we could move the information in front of the patient. We did that using the telephone and we were fairly successful with teleradiology.

During a deployment of the George Washington, more than 30 medevacs were avoided using teleradiology. We digitized X-rays and transmitted them back to Bethesda. Our experts there read the X-rays and sent the interpretations back to the ship. We could move the information instead of the people. So we did that. And we were able to avoid having a lot of sick people make a lot of long trips. When you're sick, travel isn't very pleasant. If you can make Sailors well and get them back on active duty -- or if you even make them feel a whole lot better before they have to travel -- that's a lot better situation.

I'm trying to think in terms of using technology to help us move information instead of people. And we have some new experiments that are coming on line at the National Naval Medical Center that will be a key part in one of these experiments. It's a link up with the Naval Academy. What we're trying to do is see if we can keep midshipmen at the Naval Academy instead of sitting in waiting rooms at Bethesda waiting to see the doctor. And I think that would be a great gift to the Naval Academy and to this nation if we can keep those young men and women focused on what they're supposed to be there for and that is to get an education and learn how to be an officer in the United States Navy, rather than sitting in waiting rooms waiting to see the doctor.

J: You have said the greatest gift for the Navy and Marine Corps is to restore their people to full duty. How?

K: I think that was a corruption of what I said before. The greatest gift to give to the Navy and Marine Corps is to keep them in. That's a lot easier way to say it. I just want to give them their people back. I want to keep them out of our waiting rooms and clinics and beds in the hospital and waiting in the pharmacy. I want to put them back where they work.

J: Should the entire focus of Navy medicine be on customer service?

K: I think the entire focus of Navy medicine should be on readiness. Everything we have previously talked about was focused on medical readiness. Customer service is a part of medical readiness. If you look at the strategic plan for any part of Navy medicine, you'll find the "R" word right up there in the mission and vision statement. Everything we're doing is to maintain readiness. If I give Sailors and Marines in the Navy their Sailors and Marines back then I'm promoting readiness.

J: What is your impression of our young Sailors and do you have a message for them?

K: They are the best we've ever had. I would say to them that they need to focus on life-long learning and keep

progressing. I think the Navy and Marine Corps offer young men and women the greatest opportunity we provide in this nation for personal advancement and growth. I think if they focus on life-long personal advancement and growth they will achieve things they never dreamed of.

J: Is there a message you would like for our readers to hear? Is there any word you want to get out?

K: I want the word out to our people that our job is to keep Sailors and Marines in readiness on their job. That's what I'm going to focus on for the next four years.

Story reprinted from The Journal, 10 August 1995

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HEADLINE: Research Facilities Launch Largest N-MC Health Study
NHRC San Diego (NSMN) -- This month marks the beginning of a major health study of Navy and Marine Corps personnel. The largest study of its kind, the 1995 Perceptions of Wellness and Readiness (POWR) Assessment will survey a representative sample of 18,000 randomly selected active duty Navy and Marine Corps personnel worldwide. Researchers from the Naval Health Research Center, San Diego, and the Research Triangle Institute in North Carolina will visit more than 45 U.S. Navy and Marine Corps installations around the world during August and September. Their goal will be to gather information that will help policy-makers, medical planners and headquarters personnel make wise decisions regarding the health and well-being of military men and women. They will collect information on current and past medical conditions, lifestyle, stress, occupational/environmental exposure and health care.

The researchers will collect information from each participant through a self-report questionnaire and, for some, through physical measurements and telephone interviews. In a sample survey such as this, each randomly selected individual represents thousands of other service personnel. Therefore, participation in the POWR '95 Assessment of all those selected will be crucial to the outcome of the study as well as the future of military medical care.

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HEADLINE: GITMO Connection -- JTF Medical has 800 Number
NAVHOSP Pensacola, FL (NSMN) -- Naval Hospital Pensacola is providing an 800 number for family members of the Joint Task Force 160 Medical Detachment to call and hear recorded updates on the activities of the 200-plus naval personnel from six states currently deployed for duty in Guantanamo Bay, Cuba.

The toll-free number is 1 800 280-0520. That number rings to an answering machine located on board Naval Hospital Pensacola. The commanding officer of the JTF-160 Medical Detachment, a Navy captain and family practice physician from the naval hospital, will provide updates throughout their remaining duty in support of Operation Sea Signal. After listening to the CO's message on the Medical Detachment's answering machine, family members can leave a message to be relayed to their loved ones in GITMO.

Personnel with the Medical Detachment began leaving for Guantanamo Bay on 26 May and have been providing medical care to the remaining Cuban migrants at GITMO. They are scheduled to return in December to their various commands: Naval Hospitals Pensacola and Jacksonville, FL; Corpus Christi, TX; Millington, TN; Beaufort and Charleston, SC; National Naval Medical Center Bethesda, MD; Branch Medical Clinics at Kings Bay, GA; Whiting Field, Pensacola and Key West, FL; Branch Dental Clinics at Pensacola and Jacksonville; and Healthcare Support Office Jacksonville.

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HEADLINE: Refilling Prescriptions

BUMED Washington (NSMN) -- As you move from one duty location to the next, finding a new doctor and refilling prescriptions are important. When having prescriptions filled, the following guidelines may be helpful in obtaining your medications.

Regardless of your duty location or geographic area, the local Navy medical treatment facility (MTF) pharmacy fills any valid noncontrolled prescription presented (including a prescription written at another Navy MTF or by civilian doctors) as long as it is on the MTF formulary, a listing of commonly used drugs available at every MTF, and the prescribed quantity is within limitations established by the command.

To facilitate the filling of prescriptions, Navy pharmacies provide civilian practitioners with a copy of the medications listed on their formulary upon request.

The size of the MTF may affect the range of medications available although all MTFs must carry a core of commonly used drugs. Pharmacies operated by other military services normally honor Navy prescriptions if they carry the medication.

NAVCARE clinics are required to supply their patient with any medications prescribed by a NAVCARE provider. Under the terms of the NAVCARE contract they do not fill prescriptions written by civilian or MTF providers. Since the NAVCARE clinics are required to provide all medication prescribed by the providers, those prescriptions will not be filled by an MTF pharmacy.

If you have any questions about your prescriptions, your pharmacist will be glad to assist you.

Story by Ann Kirby, Bureau of Medicine and Surgery

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HEADLINE: Navy Nurse Graduates from Management Program

JOHNSON & JOHNSON Philadelphia (NSMN) -- CAPT William Ahrens, NC, director of Nursing Services at Naval Hospital Jacksonville, FL, has graduated from the Johnson & Johnson - Wharton Fellows Program in Management for Nurse Executives, one of the most prestigious and competitive education offerings in health care management. The program, sponsored by Johnson & Johnson and conducted at the University of Pennsylvania's Wharton School of Business in Philadelphia, has provided fellowships to some for the country's most influential health care leaders.

The program, launched in 1983, has graduated over 495 senior nurse executives. They hold management positions that account for more than 40 percent of all acute care beds in the country.

"These graduates, together with their predecessors, form the national leadership cadre of Nurse Executives," said Sheldon Rovin, DDS, MS, who directs the initiative. "They play great roles in influencing the future of health care."

Donna Denniston, RN, MA, director of Integrated Health Management for Johnson & Johnson Health Care Systems, Inc., said, "The program enhances the nurse executives' leadership skills, helping them to meet the challenges of today's rapidly changing health care environment. It also promotes greater awareness of the nurse executives' business and leadership role in their respective institutions or systems."

The Johnson & Johnson - Wharton Fellows Program underscores the important role that nurse executives play in shaping strategic planning decisions within their hospitals, as well as health policy decisions regionally and nationally. The nurse executives are nominated by their institutions and considered leaders in their profession.

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HEADLINE: Naval Hospital Jacksonville Posts Home Page on Web
NAVHOSP Jacksonville, FL (NSMN) -- Naval Hospital Jacksonville has joined the growing numbers of Navy Medical commands with home pages on the World Wide Web. Check it out at <http://138.137.23.186> .

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HEADLINE: HEALTHWATCH: No One is Immune from Cancer -- At Any Age
USS GEORGE WASHINGTON (NSMN) -- A few weeks ago, a 20-year-old friend of mine approached me with tears of pain in his eyes. He said he was having difficulty urinating and he was terrified. He told me the pain was excruciating and, although embarrassed, he thought he should go to medical. Within minutes I had him down to Sick Call. There it was discovered that one of his testicles and scrotum had swollen to the size of a grapefruit. Within a few more minutes, we were rushing him off the ship to Naval Medical Center Portsmouth, VA.

One by one, the doctors began collecting in the cramped examining room. They seemed to look at each other and, although silent, acknowledge the seriousness of his condition. They placed gel on his grossly enlarged scrotum and began to examine him using ultrasound equipment.

My friend looked up at the team of doctors and asked, "What is it Doc? Have you ever seen this before?"

One of the doctors looked him in the eyes and in a plain, steady voice said, "Yes, I have seen this before, and I think you have a tumor. I think you have cancer of the testicles."

Friend or not, no one could have stood in that small examining room hearing the doctor's words, looking at my friend's face, without feeling a gut wrenching sense of fear and sadness. I thought to myself, "Cancer? -- in a strong, seemingly healthy 20-year-old man? How could this happen?"

The fact of the matter is, the most common cancer for young men from 15 to 34 years of age is cancer of the testes. The American Cancer Society says testicular cancer represents 3 percent of all deaths in this age group and 1 percent of the cancers in all men. These numbers can really hit home when the cancer strikes you or someone close to you.

The doctors told him not to fear, they would take him to surgery that day to remove the affected testicle. They also told him testicular cancer, although one of the fastest spreading, was one of the most curable. Testicular cancer has an overall survival rate of 87 percent.

Nonetheless, my friend was suddenly faced with the fact that he would lose a testicle. He was also told that removal of the testicle alone might not mean an end to the cancer. The possibility existed that it could have already spread to other parts of his body ... something that wouldn't be initially known.

It turned out chemotherapy and more surgery were needed. The cancer had spread. My friend will soon be transferred to a Navy hospital on the West Coast, which is closer to his parents, who live in Arizona.

Could my friend have prevented himself from getting cancer? Probably not, but there is no doubt it could have been found sooner. There are ways to know if you are likely to develop testicular cancer. The most common cause is undescended testes. That is the condition when the testes fail to descend in the early stages of a young boy's life. This condition increases by five times the risk of developing testicular cancer. It can be corrected, and if done before a boy is six years old, the risk is reduced to normal. Still, even if you know that you didn't experience this condition, you must still check regularly for warning signs.

Performing a simple technique known as testicular self-examination (TSE) monthly can help detect cancer of the testes in its earliest stages. The best way to examine is after a warm shower or bath, when the skin of the scrotum is relaxed, making it easier to feel anything unusual. Simply roll each testis between the thumb and fingers feeling for abnormal lumps or changes. If you find any change, immediately contact a doctor. The procedure follows the same principal used by women to check for signs of breast cancer.

The most common indicator of cancer is the presence of a hard lump, approximately the size of a pea. Other signs are painless swelling and a feeling of heaviness in the groin area or scrotum.

Don't let fear or embarrassment keep you from telling a doctor. The longer you wait, the more time the cancer has to spread within the body, decreasing your chances for survival. According to the American Cancer Society, most patients treated in the disease's early stages retain sexual function and fertility.

The American Cancer Society also estimates 6,800 cases of testicular cancer and 325 deaths from this disease now occur each year. The rates among white men are four times greater than among black men. The rates for Hispanics, Native Americans and

Asians are higher than those of blacks, but still less than those for whites.

In the meantime, my friend has a hard fight ahead of him, but he knows there are good doctors and masses of technology standing by to help him win. He said he wants his experience to help others.

For more information about testicular cancer, contact the American Cancer Society at 1 800 ACS-2345.

Story by JO2 Charles Achord, USS George Washington (CVN 73)

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3. Important dates, 20-31 August:

- 21 August: Acquisition Professional Community (APC) Selection Board Convenes
- 22 August 1912: Navy Dental Corps Established
- 22 August: Morning (0600-0800) and Night (until 2200) Detailing (Washington, DC, time)
- 23 August: Health Unit Coordination Day (206/235-1129)
- 25 August 1990: 19,423 Naval Reservists Activated for Operation Desert Shield
- 31 August 1842: U.S. Navy Medical Department Established
- 31 August: O-5, O-2 FitReps Due
- 31 August: Reserve O-5 (TAR) FitReps Due

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. EMAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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